

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	T1590YP
		First Named Inventor	Kevin Oliver Russell
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vanilloid receptor-2 ligands for treating anxiety or depression

(Title of the Invention)

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/18/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/004988 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?
				YES NO
0226850.6	GB	11/18/2002	T1590PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0226865.4	GB	11/18/2002	T1602PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0322990.3	GB	10/01/2003	T1602PV2	<input checked="" type="checkbox"/> <input type="checkbox"/>
PCT/GB2003/004988	GB	11/18/2003	T1590Y	<input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s), with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number 000210
 OR
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: Customer Number 000210

Name					
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname			
Kevin Russell		Oliver			
Inventor's Signature	<u>Kevin Russell</u>	<u>Oliver</u>	Date	<u>4 May 2005</u>	
Residence: City	Huntingdon	State	Country	England	ENG
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road				
City	Harlow, Essex	State	ZIP	CM20 2QR	Country U.K.
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Guy</u> <u>Ralph</u>		<u>Seabrook</u>					
Inventor's Signature					Date		
Residence: City	Blue Bell	State PA	PA	Country U.S.A.	U.S.A.	Citizenship British	
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP CM20 2QR	Country U.K.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Anna</u>		<u>Wainwright</u>					
Inventor's Signature					Date		
Residence: City	Macclesfield	State		Country England	England	Citizenship British	
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP CM20 2QR	Country U.K.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	T1590YP
		First Named Inventor	Kevin Oliver Russell
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vanilloid receptor-2 ligands for treating anxiety or depression

(Title of the Invention)

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/18/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/004988 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO
0226850.6	GB	11/18/2002	T1590PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0226865.4	GB	11/18/2002	T1602PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0322990.3	GB	10/01/2003	T1602PV2	<input checked="" type="checkbox"/> <input type="checkbox"/>
PCT/GB2003/004988	GB	11/18/2003	T1590Y	<input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number **000210**
 OR
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: Customer Number **000210**

Name					
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Kevin Russell			Oliver		
Inventor's Signature				Date	
Residence: City	Huntingdon	State		Country	England
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road				
City	Harlow, Essex	State		ZIP	CM20 2QR
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Guy Ralph		Seabrook						
Inventor's Signature						Date	3rd May 2005	
Residence: City	Blue Bell	State	PA	Country	U.S.A.	Citizenship	British	
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road							
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Anna		Wainwright						
Inventor's Signature						Date		
Residence: City	Macclesfield	State		Country	England	Citizenship	British	
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road							
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Mailing Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Mailing Address								
City		State		ZIP		Country		

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number T1590YP First Named Inventor Kevin Oliver Russell COMPLETE IF KNOWN Application Number Filing Date Group Art Unit Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vanilloid receptor-2 ligands for treating anxiety or depression

the specification of which

(Title of the Invention)

bears the Attorney Docket Number and Title of the Invention noted above.

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/18/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/004988 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
0226850.6	GB	11/18/2002	T1590PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0226865.4	GB	11/18/2002	T1602PV	<input checked="" type="checkbox"/> <input type="checkbox"/>
0322990.3	GB	10/01/2003	T1602PV2	<input checked="" type="checkbox"/> <input type="checkbox"/>
PCT/GB2003/004988	GB	11/18/2003	T1590Y	<input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number **000210**
 OR
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: Customer Number **000210**

Name					
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Kevin Russell Oliver

Inventor's Signature Date

Residence: City Huntingdon State Country England Citizenship British

Mailing Address Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road

City Harlow, Essex State ZIP CM20 2QR Country U.K.

Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION AND POWER OF ATTORNEY		ADDITIONAL INVENTOR(S) Supplemental Sheet	
--	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Guy Ralph		Seabrook		
Inventor's Signature			Date	
Residence: City	Blue Bell	State PA	Country U.S.A.	Citizenship British
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road			
City	Harlow, Essex	State	ZIP CM20 2QR	Country U.K.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Anna		Wainwright		
Inventor's Signature			Date	04/30/2005
Residence: City	Macclesfield	State	Country England	Citizenship British
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road			
City	Harlow, Essex	State	ZIP CM20 2QR	Country U.K.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country